

Patient ID: _____

Date:

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Month

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Day

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Year

SCL-6

During the **past 30 days**, how much have you been distressed by:

	NOT AT ALL 0	A LITTLE BIT 1	MODER- ATELY 2	QUITE A BIT 3	EXTREMELY 4
1. Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling alone even when you are with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feeling fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling hopeless about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feeling tense or keyed up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The idea that something is wrong with your mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This checklist, based on items from the SCL-90, was developed by C. Rosen, K. Drescher, R. Moos, J. Finney, R. Murphy, and F. Gusman at the Center for Health Care Evaluation and the National Center for PTSD, VA Palo Alto Health Care System (152-MPD), 795 Willow Road, Menlo Park, CA 94025. See Rosen, Drescher et al. (2000: [Assessment, 7](#), 103-111) for information on this checklist and Derogatis, Lipman, & Covi (1973: [Psychopharmacology Bulletin, 9](#), 13-28) for information on the SCL-90.

Patient ID: _____

Date:

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Month

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Day

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Year

SCL-10-R

During the **past 30 days**, how much have you been distressed by:

	NOT AT ALL 0	A LITTLE BIT 1	MODER- ATELY 2	QUITE A BIT 3	EXTREMELY 4
1. Feeling blue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling afraid in open spaces or on the streets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Temper outbursts that you could not control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your feelings being easily hurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feeling that you are watched or talked about by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Difficulty making decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble getting your breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feeling hopeless about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feeling tense or keyed up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The idea that something is wrong with your mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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